
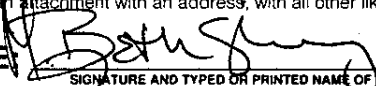


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90033 029 \*\*\*150.00

<b>DOCUMENT # V26526</b> 1. Entity Name <b>BLUE MOON EMPORIUM, INC.</b>					
Principal Place of Business <b>29842 OVERSEAS HIGHWAY BIG PINE KEY FL 33043 US</b>			Mailing Address <b>29842 OVERSEAS HIGHWAY BIG PINE KEY FL 33043 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0340186</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHIRLEY, MARY BETH 29842 OVERSEAS HIGHWAY BIG PINE KEY FL 33043</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIRLEY, MARY BETH		NAME		
STREET ADDRESS	29842 OVERSEAS HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, SHERRY		NAME		
STREET ADDRESS	29842 OVERSEA HWY		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, LYNN		NAME		
STREET ADDRESS	29842 OVERSEA HWY		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAY, JUDY		NAME	<b>GAY, JUDY</b>	
STREET ADDRESS	29842 OVERSEA HWY		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDIMAN, MARIE		NAME		
STREET ADDRESS	29842 OVERSEA HWY		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY FL 33043		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D REYN GOUDT, ESTHER</b>	
STREET ADDRESS			STREET ADDRESS	<b>29842 overseas Highway</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Bg Pine Key, FL 33043</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE</b> 			<b>MARY BETH SHIRLEY</b> Feb. 2, 2004 <b>35872884</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		